

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/508042	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/	/	/	/	/	51					
2	/	/	/	/	/	/	52					
3	/	/	/	/	/	/	53					
4	/	/	/	/	/	/	54					
5	4	4	4	4	4	4	55					
6	4	4	4	4	4	4	56					
7	4	4	4	4	4	4	57					
8	0	0	0	0	0	0	58					
9							59					
10							60					
11							61					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	/	/	/	/	/	/	TOTAL IND.					
TOTAL DEP.	02	02	02	02	02	02	TOTAL DEP.					
TOTAL CLAIMS	23	23	23	23	23	23	TOTAL CLAIMS					